
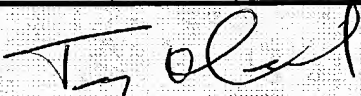


|  |                    |                   |  |
|--|--------------------|-------------------|--|
| <b>Issue Classification</b><br> | Application No.    | Applicant(s)      |  |
|  | 10/060,550         | SCHANN, CHRISTIAN |  |
|  | Examiner           | Art Unit          |  |
|  | Mr. Terry K. Cecil | 1723              |  |

| ISSUE CLASSIFICATION  |   |          |   |       |   |                                   |  |  |  |                             |  |
|---|---|----------|---|-------|---|-----------------------------------|--|--|--|-----------------------------|--|
| ORIGINAL  |   |          |   |       | CROSS REFERENCE(S)                                    |                                   |  |  |  |                             |  |
| CLASS   |   | SUBCLASS |   |       | CLASS   | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |                             |  |
| 210   |   | 446      |   |       | 210   | 456                               |  |  |  |                             |  |
| INTERNATIONAL CLASSIFICATION  |   |          |   |       | 264   | 255                               |  |  |  |                             |  |
| B   | 2 | 9        | C | 45/14 |   |                                   |  |  |  |                             |  |
| B   | 0 | 1        | D | 35/00 |   |                                   |  |  |  |                             |  |
|   |   |          |   | /     |   |                                   |  |  |  |                             |  |
|   |   |          |   | /     |   |                                   |  |  |  |                             |  |
|   |   |          |   | /     |   |                                   |  |  |  |                             |  |
| <br>(Assistant Examiner) (Date) |   |          |   |       | Terry K. Cecil 5-17-2004<br>(Primary Examiner) (Date) |                                   |  |  |  | Total Claims Allowed: 2     |  |
|   |   |          |   |       |   |                                   |  |  |  | O.G.<br>Print Claim(s)<br>1 |  |
| (Legal Instruments Examiner) (Date)   |   |          |   |       |   |                                   |  |  |  |                             |  |

|  |          |                              |          |                               |          |                                 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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